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38834 7590 09/02/2008

WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP 1250 CONNECTICUT AVENUE NW – SUITE 700 WASHINGTON, D.C. 20036 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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(Depositor's name)
(Signature)
(Date)

APPLICATION N	ATION NO. FILING DATE FIRST NAME		FIRST NAMED INVENTO	TTOR ATTORNEY D		DOCKET NO.	CONFIRMATION NO.	
10/536,901	10/536,901 05/27/2005		Yasuhiko Onishi		052603			6263
IITLE OF INVENT	TION: CATIONIC G	RAFT-COPOLY	YMER FOR NON-VIRAL (GENE DELIVE	RY VECTO	R		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE DUE	PREV. PAID	ISSUE FEE	TOTAL FEE(S)) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$	0	\$1055		12/02/2008
1. Change of correspo	ER, LIAM J ondence address or indica		, , , , ,	e patent front pag		1 W	ECTEDM A	N HATTODI
CFR 1.363).	1 11 / 6		(1) the names of up to 3 registered patent attorneys 1 WESTERMAN, HATTORI,					
Address form PTO/S	indication (or :Fee A	(2) the name of a sin registered attorney of	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			ADRIAN, LLP.		
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent a	2 registered patent attorneys or agents. If no name is 3. listed, no name will be printed.				
PLEASE NOTE: U1	nless an assignee is identi	fied below, no assi	ED ON THE PATENT (print or ignee data will appear on the pasubstitute for filing an assignme	type) tent. If an assigne	e is identified	below, the docume	ent has beer	filed for recordation

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be prin	ted on the patent): Individual Corporation or other private group entity Government					
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✓ Issue Fee	A check in the amount of the fee(s) is enclosed.					
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Advance Order - # of Copies One (1)	☑ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to					
<u> </u>	Deposit Account Number 50-2866 (enclose an extra copy of this form).					
Change in Entity Status (from status indicated above)	_					
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					

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Authorized Signature	/Lee C. Wright/	Date	December 1, 2008
Typed or printed name	Lee C. Wright	Registration No.	41,441

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